

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep.	Depend	Indep.	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1	1						51			
2		1					52			
3			1				53			
4				1			54			
5					1		55			
6						1	56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20	1						70			
21		1					71			
22	1						72			
23		1					73			
24			1				74			
25				1			75			
26					1		76			
27						1	77			
28							78			
29			1				79			
30				1			80			
31					1		81			
32						1	82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43		1					93			
44			1				94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			